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A SYNOPSIS OF CHILD ABUSE-YELLOWSTONE COUNTY
A WORKER'S GUIDE

by

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This book is dedicated to:

my children Michael, Deann, and David;

and to all the dedicated workers in child abuse.

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I. PURPOSE:

It is the intent of this author to provide a quick initiation into the Child Protective Service (CPS) situation both nationally and locally. It is hoped that this initiation will assist in the worker's adjustment to the role of child protective worker. The degree of development of the individual worker in this field depends on his/her desire to acquire new knowledge and experiences, and to constantly evaluate his/her own feelings and interviewing skills.

No part of this synopsis may be released for publication or use by another agency without the written permission of the author.

II. DEFINITION OF CHILD ABUSE:

Child abuse and neglect is defined by law and varies from State to State in the United States. It can refer to any situation which adversely affects the child's physical or emotional or moral health or rights. Or, the term may be as limited in scope as to refer to the inflicting of physical injury upon a child, or a child who is residing in a house of prostitution, or a child whose physical needs are not being met. The term may refer to a person as young as a few hours old or as old as 18 years of age. This is also determined by law. The State of Minnesota is often referred to as the State with the most modern and inclusive definition. Their ranks have recently been joined by Colorado and Montana. Their definition includes any act which effects the physical, emotional, or moral needs of the child. In March of 1973, the Montana Legislature through Senate Bill No. 408, which was signed by Governor Thomas L. Judge, extended Montana's abuse law to include sexual and psychological abuse (see exhibit A for the full wording of the bill).

III. LAWS RELATED TO ABUSE IN MONTANA:

Please refer to exhibit A, attached to this synopsis.

IV. REASONS FOR ABUSE:

Some of the following are characteristics of abuse or neglect syndromes. No single mold or characteristic can be attributed to the abusing parent as the cause. The causes of abuse are diverse and a mixture of a variety of personality characteristics, thus the service worker is not able to single out a panacea for treatment or prevention of abuse and neglect. The diversity of characteristics often results in the need for a creative generic approach to casework services. The following list is not exhaustive nor does it relate all the causes of abuse. It was taken from the presentation of Mr. Vincent DeFrancis, MSW, LL.D., to the Child Abuse Seminar group held in August of 1972 in Helena, Montana.

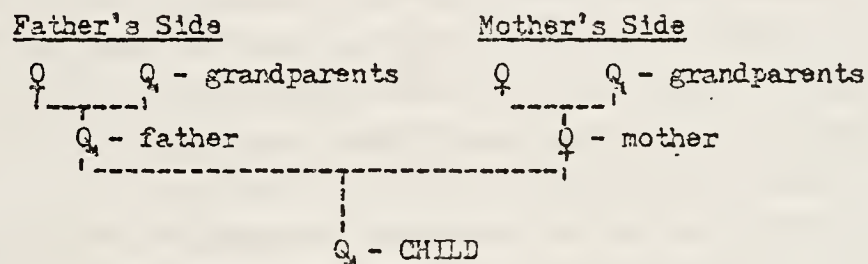
1. Parents are emotionally immature.
2. Parents are of borderline intelligence.
3. Parents are emotionally unstable (moderate to psychotic).
4. Parents are victims of a culturally deprived situation and were abused or neglected as children.
5. Abuse is not limited to low income families, but is found in all social-economic levels of society.
6. For more specific characteristics, please refer to exhibit B attached to this synopsis.

Dr. Carl Pollack, Professor of Psychiatry at the University of Colorado Medical Center, Denver, maintains that three basic elements are existant in all abuse cases with the possible exception of the psychotic parent who abuses. This information was taken from his presentation to the Child Abuse Seminar held on April 24, 1973 in Billings, Montana. Dr. Pollack maintains that there must first be a crisis (not always an expected crisis such as the death of a chronically ill parent). This crisis could be in the form of the breaking down of the washing machine. Secondly, there must be a pattern, that is to say there is a definite process by which the child is raised. The child is raised to meet the parent/s needs. The third element is the child as child, who because of his limited psycho-social development can not meet the needs of the parent in the crisis. This element when combined with the other two elements results in the abuse of a child - an outburst of violence by the parent directed at the helpless child.

The abusing parent usually identifies part of himself in the child, usually the negative part, or in some cases the negative or disliked characteristics of a relative such as a spouse, parent, etc..

In most abuse cases, the child is being viewed by the parent as one of two extremes on a continuum: "super child" or "no good child," which is another factor that effects treatment.

The social worker needs to keep in mind the etiology of abuse and view the total family structure. The abused child is the product of his parents and they of their parents. The following graph of Dr. Pollack may be helpful in viewing the total family structure of abuse cases:



Thus, in general, it can be stated that the character inadequacies found in the abusing parent developed because of the inability of his/her parents to meet his/her needs. Therefore, the service worker must evaluate very very carefully the use of grandparents of abusing parents as substitute parents for the abused child. In fact, the team from the University of Colorado Medical Center recommended that grandparents of abused children not be considered because this places the child in jeopardy instead of removing the child to a protective environment.

Listed below are a few articles which directly relate to parental characteristics of abusing parents:

1. Child Neglect: Understanding and Reaching the Parent by Norman Polansky, Christine DeSalix, and Shlomo A. Sharin.
2. The Neglected Battered-Child Syndrome by the Child Welfare League of America, Inc. (C/WLA).
3. Child Abuse-Preview of A Nationwide Survey by Vincent DeFrancis.
4. Neglecting Parents-A Study of Psychosocial Characteristics by the American Humane Association, Children's Division.

5. The Battered Child by R. E. Helfer and C. H. Kempe.

A bibliography has been added to this synopsis in exhibit G which is attached to this synopsis in hopes that those interested can obtain additional reading.

V. THE SCOPE OF THE PROBLEM:

According to Vincent DeFrancis in his book "Child Abuse Legislation in the 1970's," the estimated probable national incidence of serious child abuse is more than 10,000 cases per year for the nation. In 1967, 12,000 cases of abuse or neglect were reported, and of these, 6,500 were confirmed cases of abuse. This was for the entire 50 states. From 1966 to 1968, a survey was conducted by Vincent DeFrancis in New York City. This survey reported 3,000 sexual abuse cases for New York City alone. Of these, 40% involved a closely related relative as the abuser; 14% involved the father as the abuser. Because of the lack of good central reporting systems in this nation, these figures do not give the complete picture of abuse which is occurring in the nation.

The Brandles study which was partially reported in "The Battered Child by Helfer and Kempe, indicated that the incidence of abuse was approximately between 13.3 to 21.4 incidents per 1000 persons in the United States (p. 25). Applying this formula to Billings' 85,000 plus population, approximately between 1130.5 to 1819.0 cases of abuse or neglect exist. The National Center for the Prevention and Treatment of Child Abuse located in Denver under the direction of Dr. C. Henry Kempe, reports that 1 or 2 children out of every 100 children are abused; that 10% of all emergency room treatment cases are abuse; that 20% of all fractures at age 5 years are from abuse; that of all the reported cases of abuse, 30% are valid and require intervention (from Dr. Barton Schmitt, M.D., Assistant Professor of Pediatrics, University of Colorado, Medical Center, presentation to the Child Abuse Seminar presented in Billings).

A. The Abused Child - Who is It?

Children who are abused range in age from one month to 17 years of age. Only 10% involve children over 10 years of age, while 55.7% involve children under 4 years of age. These figures are taken from "Child Abuse-Preview of A Nationwide Survey."

The NORC survey (Brandies University) reported that of those cases reported in their study, "75% were white, 4.17% were Negro, 2.08% were American Indian, and the social background was not known for 16.75% (The Battered Child, p. 30)."

B. The Abusing Parent - Who is It?

The fathers of children are responsible for 38.25% of the injuries to abused children, and 22.22% of the fatalities. Mothers are responsible for 28.66% of the injuries, but 48.54% of the fatalities. This means that parents are responsible for 72.57% of the reported abuse cases and 75.85% of the fatalities that result from abuse. Although the accepted view held by the public is that the step-parent is the chief abusing parent, step-fathers are responsible in only 14.51% of the abuse cases and 8.77% of the fatalities.

Step-mothers are responsible for 2.6% of the abuse cases and 3.51% of the fatalities (Child Abuse-Preview --). It appears more logical to state that the adult who has direct care of the child/ren for the greatest period of time has the greatest chance of being the abusing parent. This was confirmed by Dr. Barton Schmitt in his presentation to the seminar.

The Brandies University - NORC survey indicated the parents between the ages of 20 years and 35 years tend to be abusers more frequently (The Battered Child, p. 32). The following is the distribution pattern of abusing parents by age:

<u>ages (yr)</u>	<u>percent of reported abusers</u>
20 & under	10.9%
20 to 35	68.3%
35 to 50	16.7%
50 & over	4.0%

The parent or guardian whose education included at least some college or more appears to have less chance of being an abusing parent according to the Brandies study (Ibid., p. 33). The following is the distribution pattern of abusing parents by level of education (formal):

<u>education</u>	<u>percent of reported abusers</u>
8th or less	16.17%
11th to 3th	16.67%
H S grad	27.08%
some collage	6.25%
not known	31.25%

A statement by Helfer and Kempe indicates the relationships that exist between the degree of physical closeness of the parents and child, and the incidence of abuse. "Data from the NORC and press surveys indicates that over 80% of the perpetrators were regularly living in the homes of the children they abused (The Battered Child, p. 37)."

C. Morbidity of Abuse.

According to DeFrancis in his article "Child Abuse-Preview of A Nationwide Survey," one (1) in every 4 children or 25% dies from injuries inflicted in abuse: 81.35% of these children are under 4 years of age, and of those who die, 53.98% are under 2 years of age. Grace Gregg and Elizabeth Elmer indicate that 88% of all abuse cases will result in one of the following three ends: physical defect, mental retardation, or emotional disorders (Infant Injuries: Accident or Abuse?, Pediatrics, p. 439).

C. Morse, O. Sahler, and S. Friedman in the American Journal of Psychiatry, 1968, reported that their three year follow-up study showed that of those children abused, 33% were reabused and that 42% of these were reabused physically.

Kempe and Helfer in their book entitled "The Battered Child and His Family," 1972, reported that "43%" of abused children suffer neurological damage (p. 98). They go on to state:

"The morbidity of the syndrome is just beginning to be studied. We know that many children die. We now see that even larger numbers of children will be retarded, brain damaged, under-nourished and emotionally crippled (pp. 111-112)." "For what are we saving these children (p. 112)?"

D. For Yellowstone County.

For the period of June 1972 through May 1973, Yellowstone County

Welfare Department received 166 referrals or complaints relating to child abuse or neglect. Currently, there are approximately 85 children in foster care because of an abusing or neglecting situation which warranted protection of the child by removal from the natural environment. This abuse has taken the form of severe burning of the child to beating of the child or malnutrition or abandonment of the child. These figures do not include 104 unwed mothers who have sought our agency's help and who could be defined as in need of protection from physical neglect. In general, unwed mothers seeking our agency's help are in need of financial assistance and in many cases in need of counseling to help them adequately work through the psycho-social crisis and the physical crisis they are faced with. Thus, the health of both the mother and that of the fetus by virtue of its dependence on the mother are in need of a protective environment which will meet their needs, thus protective services. This service also relates to the area of preventive child abuse because it deals with the element of unwanted pregnancy which is or can be an important factor leading to physically abused children or an emotionally rejected child, both need intervention.

The referrals were as follows:

<u>Month</u>	<u>No. of CPS Referrals</u>	<u>No. of UM Referrals</u>
June 1972	25	9
July "	8	9
August "	13	3
Sept. "	8	5
Oct. "	23	2
Nov. "	14	7
Dec. "	4	2
Jan. 1973	10	5
Feb. "	17	5
March "	13	7
April "	13	3
<u>May "</u>	<u>18</u>	<u>8</u>
1 year total	166	104

This is an average of 13.83 CPS referrals a month.

Approximately one-third of all referrals are valid complaints and need on-going services on a national level according to

Dr. Barton Schmitt. Thus, on an average, this results in 4.61 valid referrals a month in Yellowstone County. The unwed mother referrals averaged 8.67 a month for Yellowstone County, however, approximately 28% or 2.43 of these sought services to help them adjust adequately to the crisis. No references can be made to the degree of increase or decrease in CPS referrals in relation to 1971-72. This is a result of the lack of an adequate statistical collection system for that period. The author also wishes to indicate that his statistics reflect known cases to the intake system of Yellowstone County Welfare, thus in reality, they may not totally reflect the complete picture of abuse in Yellowstone County.

A sample of 24 of the CPS referrals were researched to provide specific information in areas such as: who was the abuser; how many children were involved; source of complaints; form of abuse; and how many referrals resulted in valid complaints. The review showed that of 24 cases, 23 were cases involving natural parents, and one case involved the mother's boyfriend. The victims included 56 children: 31 boys and 25 girls. The following table gives the age distribution by sex:

ABUSE BY SEX AND AGE

age	male	female	totals
0 - 2 yrs.	5	3	8
3 - 4 yrs.	5	1	6
5 - 7 yrs.	11	5	16
8 - 10 yrs.	3	4	7
10 & over	7	12	19
totals	31	25	56

The 24 cases included incidents along the entire continuum of abuse from severe beating or sexual abuse to neglect and emotional neglect. The following table list the frequency of each type of abuse:

FREQUENCY AND NATURE OF ABUSE

type	freq.	percent
beating	7	29.2%
emotional	7	29.2%
neglect*	6	25.0%
abandonment	2	8.3%
malnutrition	1	4.2%
sexual	1	4.2%
total	24	100.1%**

*Neglect included: lack of adequate supervision,
lack of adequate clothing, etc..

**Percentages are rounded off to the nearest whole tenth.

E. Source of Referrals.

During the period of June 1972 to December 1972, the majority of referrals were from the Yellowstone County Sheriff or the Billings Police Department (62.3%). Five referrals (4.4%) were received from St. Vincent's Hospital, while 33.3% were received from private citizens. The sample researched was taken after January 1973 through May 1973. Of the 24 referrals sampled, 13 were from private citizens (relative, day care home operator, neighbor, etc.) or 54.2%; 6 were from community agencies (CAP, schools, etc.) or 25%; 2 were from other State welfare agencies or 8.3%; and 1 referral source was unknown or 4.2%.

F. Results of Referrals.

The author reported in paragraph "D" that one-third of all complaints received nationally were valid. The sample results showed 45.8% were valid complaints (11); 45.8% were not valid (11); and in 8.3% (2) the worker investigating the complaint could not determine the validity because the family had left town or the information was not sufficient to make a clear conclusion. Nationally about 90% of the cases of abuse and neglect are resolved without court interference; and 10-12%

of the cases required court intervention. The national average is approximately 46.8% of all children in foster care are there because of an abusing or neglecting situation (DeFrancis presentation to the Child Abuse Seminar); for Yellowstone County, this figure is 79.8%.

Those children placed in foster care in Yellowstone County have the following characteristics: (based on study conducted by the author of the children in foster care in December 1972)

- 107 children in foster care:
- 1) 20.2% are from unwed mothers and are to be placed for adoption;
 - 2) 21.7% are in care because of physical abuse;
 - 3) 31.8% are in care because their physical needs were neglected;
 - 4) 17.3% are in care because of the emotional health of their parents, i.e. psychotic;
 - 5) 6.2% are in care because of the parents' medical condition, i.e. drug addiction, alcoholism;
 - 6) 2.9% are in care because of cultural behavior patterns, that is parents were treated this way.

To help explain the six categories above, several short case summaries may help. Family "A" had three children ages 9, 7, and 6 years. The parents were unable to provide adequate care because of difficulties with alcohol, thus after efforts to change the situation failed, permanent custody was obtained. Family "B" had three children ages 3, 2, and 1 year. The mother was divorced from the children's father and she found caring for the three children to be too much for her. This drain on her physical and emotional reserves led to a "scapegoat" syndrome resulting in the scalding of the oldest child with third degree burns resulting. The mother through services from the agency, her attorney, and the court, was able to realize the danger she

presented to the children, thus permanent custody was obtained of the three children.

Twenty-seven and five tenths percent of the children are between the ages of 0 to 5 years. The children ranging in ages from 6 to 17 years comprise 72.5% of the children in foster care. Sex is no factor because approximately 50% are male and 50% female. The children are in foster care for an average of 3 years ranging from under one month to 12 years 11 months. The children range in age from less than 1 month old to 17 years old. There is an average of 2.5 placements per child ranging from 1 placement for a child to 11 placements for one child.

G. A Brief Look at Cost.

The average foster care payment for the 107 children in Yellowstone County is \$84.24 per month, and an average cost of medical care of \$29.60 per month. Therefore, for the 85 children in foster care because of the abuse or neglect situation, the Federal, State, and County governments are paying \$7,160.40 per month or \$85,924.80 a year for their care. This was calculated in December 1972 and the foster care rates have risen since that time. In addition, medical cost paid by these governments totals \$2,516.00 per month or \$30,192.00 a year. Thus, on a monthly basis, the total cost is \$9,676.40 or \$116,116.80 a year for shelter and medical care of the children. There is no way we can arrive at a true cost figure to the community for the child because we can not measure all the negative effects the act of abuse or neglect has on a child in his life time, thus the community. Based on the average length of stay in foster care of 3 years for those children in Yellowstone County, the average total cost to the community for foster care and medical attention for the 85 children is \$348,350.40.

The problem of child abuse and neglect is one which is similar to an iceberg. The more that is observed, the larger the unknown. Child abuse needs good laws, good social workers to

implement effective treatment programs, adequate community resources to deal with the parents and children. But, most of all, it needs a community awareness of the problem and how to refer CPS cases to the appropriate agency and the appropriate person in that agency.

VI. PHILOSOPHY OF THE AGENCY TOWARD ABUSE CASES:

Vincent DeFrancis expresses the philosophy of the child abuse worker when he indicates our goal is to "keep the family together" by implementing supportive services to do just that. Seeking a court solution to the problem should be the last resort of the worker as should be the removal of the child from the home irregardless of the length of time the child is away from home.

A. Requirements of Service Workers and of the Agency.

The philosophy stated above demands that the worker providing protective services possess the skill to: 1) relate to people; 2) deal with their own feelings about the abuse; 3) maintain the focus that the abuser needs help not punishment; and 4) maintain and develop a repertoire of social work skills such as casework, group work, and community organization to provide the necessary supportive ameliorative services to the family.

The agency on the other hand, needs to insure worker qualification through selection of the service worker, through provision of on-going in-service staff development, and through adequate professional supervision. The agency through the worker must accept the role of community educator and developer of community resources to provide supportive services to the family. Without these respective roles being met, the abused child has no chance to be salvaged and to realize a full development to a mature productive adulthood.

VII. CASE PROCEDURE FOR YELLOWSTONE COUNTY:

Upon receiving the complaint (CASS form 110) whether by phone or in person or mail, one of the Intake Social Workers will initiate the actual investigation of the complaint. It is obvious that one

of the prime purposes of the unannounced home visit is to collect information directly related to the complaint and determine the validity of the complaint. The initial contact has as one of its prime purposes the need to convince the parents of our agency's concern for the child and our desire to assist the family in overcoming the problem.

- A. If the complaint is valid then the intake service worker (initial service worker) has the added responsibility in protective services of expediently completing the written report for the service record and transferring the information to the family and children service worker (on-going service worker, child welfare worker). Please refer to exhibit C for the case record recording outline. It may be necessary for the intake worker to file a petition for custody as well as arrange for the foster care placement, however, this should, whenever possible be done with the assistance of the family and children service worker to be assigned to the case.
- B. If the complaint is not valid, then the intake service worker must complete the CASS form 1/40 (second paragraph) in a legible manner indicating the findings of fact. This case will then be given to the supervisor for review and proper case designation (inactive, etc.).
- C. The role of the intake service worker is vitaly important as this worker lays the groundwork for other agency workers. They are the community relations worker as well because they are dealing with the complainant directly. In this respect, the intake worker must be sure to send the agency's form letter to the complainant indicating the agency's involvement (refer to exhibit D).
- D. In some cases it may be necessary to obtain information from other resources than the parents or the victim. It could be helpful to have the parents sign a "Release of Information" (exhibit E). It must be emphasized that this is a tool for the service worker and is not, I repeat, is not necessary to

to obtain information in abuse cases as a review of the codes in this synopsis indicates. However, the client should never be informed of the complainant's identity. This form is not needed to obtain additional or initial information from the complainants at separate interviews.

- E. Yellowstone County Welfare in cooperation with the County Attorney, Police, Sheriff, Hospitals, doctors, and Regional Mental Health, have established a central index reporting system. In the case of neglect and abuse complaints, the intake service worker (in some cases the family and children service worker) must complete the "Child Abuse & Neglect Central Index," and send the original to the County Attorney's Office. The copy is kept in the file of the county (see exhibit F).
- F. In those cases which appear to need immediate medical attention, the intake worker should obtain permission of the parent/s and assist them in obtaining the necessary attention for the child. This is at the parents expense. If the parent refuses to authorize such attention, the intake worker should contact the supervisor for assistance in obtaining a court order to insure that the child is helped. This type of policy also applies to foster care. That is, that the parent is primarily responsible for the cost of the care. If the city police or county sheriff office make an emergency placement of a child into foster care, and refer the case to the county welfare, the intake service worker must submit a request for authorization of the care to the District Social Service Supervisor within 24 hours as well as file a petition for custody of the child within the same period of time. No child may be returned to the natural or legal parent/s without the prior approval of the DSSS.
- G. The requisite for the intake service worker (family and children service worker) requires that he/she always remain calm and in control of the interview situation. This element will incorporate the ability of the service worker to "deal with" confrontation and anger professionally and effectively and

the ability to simultaneously convince the parent/s or guardians of the genuine desire of the service worker and the agency to help. Experience complimented with relevant reading selections will help develop confidence in the worker's skills. Thus, a bibliography of CPS material available is included in this synopsis in exhibit G.

VIII. JURISPRUDENCE-THE WORKER-AND EVIDENCE

Too often, the misconception develops that whatever the service worker states is truth (fact) in court and therefore, the creation of angry feelings toward the court system when the worker perceives that his/her testimony was ignored resulting in the "loss" of the case. To state the problem between law and the social worker another way, I quote the Honorable Lindsay G. Arthur, President, National Council of Juvenile Court Judges; Judge, Juvenile Division, Hennepin County District Court, from his keynote presentation to the Second National Symposium on Child Abuse, October 11, 1972 in Denver, Colorado: "An obvious question, again, is what is the judge's role in determining this disposition. Most welfare workers and probation officers I have run into would be very happy if the judge would merely decide guilt or innocence and, if guilty, turn the child over to them for all further decisions. This horrifies all lawyers and judges (American Humane Association, Children's Division. Second National Symposium on Child Abuse, p. 13)."

This author is not an expert on law or court etiquette or on the rules of evidence, however, because of the misconception held by the various disciplines to the effect that the social worker is suppose to be knowledgeable on law and the misplaced expectation that the social worker will learn the knowledge needed for court appearances by experience, the author will present some concepts in this area. These points of discussion have two sources, Vincent DeFrancis, MSW, LL.D, a national expert on abuse and attorney; and from Charles Bradley, Deputy County Attorney of Yellowstone County of Billings, and attorney for Yellowstone County Welfare. The author's intent is to

provide some basic information that should be helpful to the line worker in preparing cases for court.

A. Definition of Evidence (93-301-1)

Judicial evidence is the means, sanctioned by law, of ascertaining in a judicial proceeding the truth respecting a question of fact.

B. Definition of Proof (93-301-2)

Proof is the effect of evidence, the establishment of a fact by evidence.

C. Types of Evidence

1. A presumption: an allowable form of evidence which is not rebuttable and is a conclusion, i.e. assumption of innocence until proven guilty.
2. Direct evidence: eye witnessed evidence that is always competent because it is what the witness experienced himself (seen, heard, felt, date, time, etc.).
3. Real evidence: exhibited evidence or the offering to the court the object about which the witness is testifying to, i.e. pictures taken by the witness of an abused child.
4. Circumstantial evidence: the viewing of a chain of events which when put together lead to a conclusion, i.e. viewing of foot prints in the snow to include the size, length, depth, direction, shape, and then concluding they were made by a man or by a woman. The difficulty with this form of evidence is that a wrong conclusion may be arrived at.
5. Hearsay evidence: information told the witness by another person. This form of evidence is not the best form of evidence and is not usually permitted in court nor have much weight in court unless it meets the rules of evidence. Therefore, social workers should avoid this form of evidence unless it relates to one of the following exceptions:
 - a. It is the dying declaration of a person and is relevant and material to the case.
 - b. The witness states the information in the presence of

the accused and the worker (it is best to have the accused respond to the statements of the witness, i.e. did you strike the child as this person claims). This method can be used when an important witness will not be available for court because it permits the worker to place the evidence into the hearing.

- c. Anything the "party to the action" says is not hearsay evidence and is usually permissible, i.e. a 14 year old child states to the worker, "my father beat me with a belt buckle on my head and back." "Party to the action" refers to those persons involved in the incident under consideration.
 - d. Anything the accused says is admissible evidence such as admissions of guilt or denials of guilt.
 - e. Information given by a child can be admissible, however, the child needs to be old enough (over 10 years) and intelligent enough to know and understand what truth is. Some courts may allow 7 year olds to testify depending on the circumstances at the time.
 - f. Book entry rule is admissible evidence: any regularly maintained record in the course of or conduct of a business or profession, i.e. medical records, case records of a social worker, school attendance records, etc..
6. The social worker must keep in mind that:
- a. (93-401-2) A witness can testify to those facts only which he knows of his own knowledge; that is, which are derived from his own perceptions, except in those few express cases in which his opinions or references, or the declarations of others, are admissible.
 - b. (93-401-3) A witness can be heard only upon oath or affirmation, and upon a trial he can be heard in the presence and subject to the examination of all parties, if they choose to attend and examine.
 - c. A court decision is based upon a "question of fact" that has been proven, i.e. is the child in fact dependent and neglected or abused according to the law.

- d. The accused is innocent until proven guilty and the accused has the right to cross examine all evidence and hear all evidence against the accused.
 - 1) The accused has the right of due process which requires the evidence be admitted according to the rules of evidence:
 - a) competent or conforms to all rules of evidence;
 - b) relevant or related to the issue before the court;
 - c) material or has weight in proving or disproving the allegation before the court;
 - d) that the burden of proof is carried by the affirmative side (petitioner) to prove the petition;
 - e) that the quantum of proof (weight of evidence) is sufficient to prove the petition:
 - 1. in criminal cases the weight of the case must be beyond reasonable doubt;
 - 2. in non criminal cases the weight of the case is the preponderance of evidence.
- e. The matter of evidence from an expert witness is a difficult area to discuss. However, one observation can be made, that is that it is up to the worker and the attorney to prove the fact that the witness is an expert and this must be done in each case. Education, training, work experience, etc. are some of the items that must be shown to establish this category of witness.

D. Waivers-Affidavit of Consent

This form is often used by the social worker as evidence to the court that the parent/s agree to the petition before the court. In order to insure that correct procedure is followed the following format is suggested:

- 1. Read the Affidavit to client

2. Have the client read the Affidavit
3. Explain what the Affidavit means
4. Question the client about his/her understanding of the Affidavit
5. If there is any doubt about the client understanding the Affidavit, help the client to obtain legal counsel; do not allow client to sign Affidavit until counsel has seen the client or until the reason for the doubt has been corrected
6. There is no need to have another worker witness these steps, however, the worker should use his/her own judgement in this area

The above information indicates the importance of developing and maintaining a close working relationship with the attorney representing the worker and the agency.

To summarize the relationship between the court and the social worker, the author again quotes from Judge Lindsay Arthur (Ibid. p. 11): "The disposition is the heartbeat of the juvenile court." "This is the social half of our court. This is where we need your help ---. This has got to be the interdisciplinary solution of the social workers, of the nurses, and the medics and the health people and the school teachers. The whole bit." The author would add to this, that this also needs the court and the lawyer.

IX. COMMUNITY RESOURCES:

The dominating theme that permeates the literature on abuse and the seminars and symposiums on abuse is the importance and the need for community involvement in the abuse program. The agency needs to begin with the educating of the community as to what abuse is, then convince them of the need for their participation in the form of referrals, and the supporting of supportive services and programs, etc. In Billings, several community agencies and organizations and individuals have used their concern for abused children to develop a coalition which acts as a consultation board and as an organizing board for all agencies. This coalition is referred to as the "BILLINGS CHILD ABUSE TEAM"

and is composed of representatives from the following groups:

Yellowstone County Welfare: social worker supervisor, MSW
Billings District Office of SRS: social worker supervisor, MSW
St. Vincents Hospital: medical social worker, MSW
Regional Mental Health: psychiatric social worker, MSW or
psychiatrist, M.D.

Doctors: pediatrician, M.D.

Law: county attorney, LL.B.

Nurse: county health nurse, R.N.

Consultants: psychiatric nurse, pediatrician involved in
the case being staffed, social worker from
county welfare involved in the case, public
health nurse involved in the case, teacher

The team at the request of any of the team members or of a community agency such as the city police department will staff a case to determine if abuse could exist, suggest possible solution to the problems encountered, and provide a central staffing which brings together all the disciplines that could assist in providing supportive services to the family. This has proven to be helpful in the sharing of information on the case between agencies, which in some cases did not know the other was involved. The goal of the team is to keep the family together if at all possible.

The team is a consulting resource for county social workers and does not remove from the worker or the agency its responsibility to provide services to the abusing or neglecting parents. The advice shared with the worker is on a consulting basis and the decision for caseworker action remains with the county social worker and his/her supervisor.

The team's functioning also provides the worker with "someone" to share the tremendous responsibility for decisions in abuse cases, thus a reservoir of strength to draw from as well as receive new ideas from, which for the worker many times is the most difficult problem, what to do when everything tried has failed. The team has taken on the additional responsibility of sharing the role of community educator along with the welfare department. It has arranged an Abuse Seminar for all of Montana's interested persons, at which a team from the University of Colorado Medical

Center, Denver and National Research Center on Abuse were the guest lecturers. This was held at Eastern Montana College on April 24, 1973. The Billings's team has only recently began its publicity program with the appearance of one of its members, the county attorney, on a local TV station program. The team is in the process of developing a brochure on abuse for distribution in the community. This is to provide information on where to refer complaints or to seek help for or by abusing parents. Plans are now being finalized to provide the local school principals and teachers with a formal presentation on abuse, the team's function, the role of the teacher and principal, and the importance of the teachers and principals involvement in providing services to families of abuse. The team hopes to develop a "lay therapist" program patterned after the program developed at the University of Colorado Medical Center. Although a need is seen now for such a program, this remains a future goal. The team has been especially helpful in obtaining the growing support from the community doctors through the efforts of the pediatrician on the team. It is the team's intent to provide feedback to the various disciplines on the vitalness of their respective roles. The team also maintains a central index of all abuse complaints as a service to the county attorney's office, welfare office, doctors, hospitals, etc.. At the present time, this central index is maintained by the medical social worker at a local hospital, and is kept under lock to insure confidentiality.

The value of community involvement can not be over stressed. The contributions of the BILLINGS CHILD ABUSE TEAM are numerous and can not be fully recognized at this time. The team's future contributions are limited only by the creativeness of its members and the team's determination to provide the best services possible to prevent and eliminate abuse in the community.

X. SUMMARY:

The cost to the community in terms of dollars has been noted, as

has the inability to compute the cost in terms of the child's loss who is the victim of abuse or neglect. The characteristics of the abusing parent/s are a mixture of factors of which no single one is the sole cause of the abuse. The need for skilled, professional, and immediate intervention on the part of a social worker on behalf of an abused child can and does make the difference between improvement or tragedy.

The intent of this synopsis has been to provide some information in many areas of interest and concern to the child abuse worker. To this end the author can only challenge the reader to expand the concepts offered or refute them; to make the bibliography more exhaustive; and to provide new ideas in the treatment of the social illness, child abuse.

AUTHORIZATION OF RESPONSIBILITY

Section 71-701 to 71-704: These acts transfer the power and duties of the State Bureau of Child protection and Orthopedic Commission to the authority and supervision of the State Department of Public Welfare; effective March 10, 1955.

71-706: Definitions as used in this chapter. (a) Child welfare services mean: The establishing, extending and strengthening of child welfare services (especially in predominantly rural areas) for the protection and care of homeless, dependant and neglected children, and children in danger of becoming delinquent.

(b) Child welfare worker means: Staff personnel who have had education and training in the field of child welfare and who are qualified and accepted as such in conformity with the standards established by the state department of public welfare.

History: En. Sec. 2, Part 6, Ch. 82, L. 1937; and. Sec. 25, Ch. 264, L. 1955

Section 10-505: State department of public welfare successor to bureau of child and animal protection. The state department of public welfare, being the successor to the former state bureau of child and animal protection, and being required to perform the duties performed by such bureau while the same was in existence, wherever the terms "bureau of child and animal protection" or "bureau of child protection" appear or are used in sections 10-501 to 10-519, inclusive, they shall be deemed and construed to mean the state department of public welfare.

History: En. Sec. 1, Ch. 145, L. 1943.

DEPENDENT AND NEGLECTED CHILDREN (section 10-501 to 10-525)

10-501: Dependent and neglected children -- definition. For the purpose of this act, the words "dependent child" or "neglected child" shall mean any child of the age of sixteen years*, or under that age, who is dependent upon the public for support and who is destitute, homeless, or dependant, or who has no proper parental care or guardianship or who habitually begs or receives alms, or who is found living in any house of ill-fame, or in any house of prostitution, or whose home, by reason of neglect, cruelty, or depravity on the part of its parents, guardian, or other persons in whose care it may be, is an unfit place for such child, or whose environment is such as to warrant the state, in the interest of the child, to assume its guardianship or support.

History: En. Sec. 1, Ch. 92, L. 1907; re-en. Sec. 7829, Rev. C. 1907; re-en. Sec. 10465, R.C.M. 1921. (This definition was developed in 1907 and revised to its present form in 1921)

*The age was changed from sixteen years to seventeen years by the legislature in 1973.

10-502: Jurisdiction of courts -- jury trial. The district courts in the several counties in the state shall have original jurisdiction in all cases coming within the terms of this act. In all trials under this act, any person interested therein may demand a jury, or the judge of his own motion may order a jury to try the case. Any person interested in any cause under this act shall have the right to appear therein and be represented by counsel; all cases within the provisions of this act shall be known as "juvenile cases."

History: En. Sec. 2, Ch. 92, L. 1907; re-en. Sec. 7830, Rev. C. 1907; re-en. Sec. 10466, R.C.M. 1921.

AUTHORITY OF WORKER

10-503 Applications to courts with reference to dependent or neglected children. Any officer of the state bureau of child and animal protection, or any person who is a resident of the county, having knowledge of a child in his county who appears to be a dependent or neglected child, may file with clerk of the district court a petition in writing, setting forth the facts which constitute the child dependent or neglected, which petition shall be verified by an affidavit of the petitioner. It shall be sufficient if the affidavit is upon information and belief. The court may, upon its own motion, or on the application of any person interested, require that such petition set forth an additional information as to the parentage or relatives of such child, or the cause of its dependency, as to the court may seem necessary and proper to the ends of justice, or the proper disposition of any such case; provided, however, that when any such child, within the provisions of this act, is in immediate or apparent danger of violence or serious injury, or is apt to be removed from the jurisdiction of the court for the purpose of evading proceedings under this act for its protection, any officer of the state bureau of child and animal protection, or any sheriff, may take immediate custody of such child without any process whatever, but, in any such case, it shall be the duty of said officer, within forty-eight hours thereafter, to file a petition and proceed as herein provided for. In any such case, the court may provide for the temporary care and custody of such child pending the final hearing and disposition of such case.

History: En. Sec. 3, Ch. 92, L. 1907; re-en. Sec. 7831, Rev. C. 1907; re-en. Sec. 10467, R.C.M. 1921.

EFFECTS OF LAW -- CRIME-PUNISHMENT

94-30 Cruelty to Children. Every person who has the legal care or custody of an infant, minor child, or apprentice, and cruelly treats, abuses, or inflicts unnecessary and cruel punishment upon the same, or willfully abandons or neglects such child, is guilty of a misdemeanor.

10-511 Punishment of parents. In all cases where any child shall be a "dependent child" or a "neglected child," as defined by the statutes of this state, or by this act, the parent or parents, guardian, or other person or persons responsible in law for its care, custody, maintenance, or support, who shall by an act cause, contribute to, or encourage such dependency, or who shall, by failing, refusing, or neglecting without legal excuse or good cause, to care for, maintain, support, guard, and protect, contribute to, cause, permit, the delinquency or neglect of such child, or who shall, by reason of failing, refusing, or neglecting to do and perform any of his or her or their legal duties or obligations to such child, cause, encourage, or contribute to the neglect or to the delinquency of such child, shall be guilty of a misdemeanor, and, upon trial and conviction thereof, shall be fined in a sum not exceeding six hundred dollars, or imprisoned in the county jail for a period not exceeding nine months, or by both such fine and imprisonment.

History: En. Sec. 8, Ch. 92, L. 1907; re-en. Sec. 7836, Rev. C. 1907; re-en. Sec. 10472, R.C.M. 1921.

EFFECTS OF LAW -- CRIME-PUNISHMENT

94-304 Desertion or abandonment of child or ward a felony -- suspension of sentence, when. Any person who has a child or ward under the age of sixteen (16) years who is dependent upon him or her for care or support shall not:

- (1) Desert or abandon such child or ward without providing necessary and proper shelter, food, clothing and medical care for such child or ward; or
- (2) Willfully omit, without lawful excuse, to provide necessary and proper shelter, food, clothing and medical care for such child or ward.

A person who violates this section is guilty of a felony and shall upon conviction, be punished by imprisonment for not less than one (1) year nor more than five (5) years in the state prison. The court may suspend such sentence if the defendant shall furnish a bond in such penal sum, and with such surety or sureties as the court may fix, conditioned that he will furnish his child or ward with necessary and proper shelter, food, care, and clothing. In case of failure to comply with the conditions of such bond, the court may order such person to appear before the court and show cause why sentence should not be imposed, whereupon the court may pass sentence or may modify the order and take a new bond and further suspend sentence as may be just and proper. The judge may declare a bond forfeited and may, in his discretion, order the face amount of such bond used to support the persons deserted, abandoned or neglected.

History: En. Sec. 471, Pen C. 1895; and. Sec. 1, Ch. 6, L. 1905;
 re-en. Sec. 8346, Rev. C. 1907; and. Sec. 1, Ch. 68, L. 1917;
 re-en. Sec. 11020, R.C.M. 1921; and. Sec. 2, Ch. 179, L. 1963. Cal.
 Pen. C. Sec. 270b.

MANDATORY REPORTING OF CHILD NEGLECT OR ABUSE -- WHO?

CHAPTER 9

REPORTS OF CHILD NEGLECT OR ABUSE

- Section 10-901. Declaration of policy.
 10-902. Reports.
 10-903. Action on reporting.
 10-904. Immunity from liability.
 10-905. Admissibility of evidence.

10-901 Declaration of policy. It is the policy of this state to provide for the protection of children who have had physical injury or willful neglect inflicted upon them and who, in the absence of appropriate reports concerning their condition and circumstances, may be further threatened by the conduct of those responsible for their care and protection.

History: En. Sec. 1, Ch. 178, L. 1965.

Title of Act

An act provided for the reporting of physical abuse or willful neglect of children, providing for action to be taken by the county attorney in cases where such reports are made; providing immunity from liability for those persons participating in making such reports; and providing for the admissibility of such reports into evidence in proceedings which result from the making of such reports.

10-902 Reports. Any licensed physician and surgeon, resident or intern, who examines, attends or treats a child under the age of eighteen (18) years, or any registered nurse, practical nurse, any visiting nurse, any school teacher, or any social worker acting in his or her official capacity, having reason to believe that such child has had serious injury or injuries inflicted upon him or her as a result of abuse or neglect, or has been willfully neglected, shall report the matter promptly to the county attorney in the county where such examination is made or such child is located, provided that when attendance with respect to a child is pursuant to the performance of services as a member of the staff of a hospital or similar institution, such staff member shall immediately notify the superintendent, manager, or other person in charge of the institution who shall make the report forthwith. If the report is not made in writing in the first instance, it shall be reduced to writing by the maker thereof as soon as it conveniently may be after it is initially made by telephone or otherwise, and it shall contain the names and addresses of the child and his or her parents or other persons responsible for his or her care; to the extent known, the child's age, the nature and extent of the child's injuries (including any evidence of previous injuries), and any other information that the maker of the report believes might be helpful in establishing the cause of the injuries or showing the willful neglect and the identity of the person or persons responsible therefor, and the facts which led the person reporting to believe that the child has suffered injury or injuries, or willful neglect, within the meaning of this act.

History: En. Sec. 2, Ch. 178, L. 1965.

EXHIBIT A

10-903 Action on reporting. If from said report it shall appear that the child suffered such injury or injuries or willful neglect in the county in which the examination was made, the county attorney receiving the report shall immediately cause to be made the investigation hereinbelow referred to. If from such report it shall appear that the child suffered such injury or injuries or willful neglect in a county other than that in which the examination was made, the county attorney receiving the report shall forthwith transmit such report to the county attorney of the county in which it appears such injury or injuries or willful neglect were suffered, and the county attorney of the latter county shall immediately cause to be made the investigation herein referred to. In making such investigation of the report, the county attorney may utilize the services of the county welfare department and all other departments of his county. The investigation shall be made into the home of the child involved and into the circumstances surrounding the injury of the child, and into all other matters which, in the discretion of the county attorney shall be relevant and material to said investigation.

History: En. Sec. 3, Ch. 178, L. 1965.

10-904 Immunity from liability. Anyone participating in the making of a report pursuant to the provisions of this act or participating in a judicial proceedings resulting therefrom shall be presumed to be acting in good faith and in so doing shall be immune from any liability, civil or criminal, that might otherwise be incurred or imposed, unless the person acted in bad faith or with malicious purpose.

History: En. Sec. 4, Ch. 178, L. 1965.

10-905 Admissibility of evidence. In any proceeding resulting from a report made pursuant to the provisions of this act or in any proceeding where such a report or any contents thereof are sought to be introduced into evidence, such report or contents thereof or any other fact or facts related thereto or to the condition of the child who is the subject of the report shall not be excluded on the ground that the matter is or may be the subject of a physician-patient privilege or similar privilege or rule against disclosure.

History: En. Sec. 5, Ch. 178, L. 1965.

SENATE BILL NO. 408

INTRODUCED BY McDonald, William

10-901, 10-902, 10-903

A BILL FOR AN ACT ENTITLED; "AN ACT AMENDING SECTIONS 10-901, 10-902 AND 10-903, R.C.M. 1947, CHANGING THE DECLARATION OF POLICY IN REGARD TO REPORTING OF CASES OF CHILD NEGLECT OR ABUSE BY PROVIDING THAT THE REPORTS ARE MADE TO THE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES, OR ITS LOCAL AFFILIATE AND THE COUNTY ATTORNEY; EXPANDING THE PERSONS REQUIRED TO REPORT; CHANGING THE DEFINITION BY INCLUDING WITH PHYSICAL ABUSE, SEXUAL AND PSYCHOLOGICAL ABUSE."

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF THE STATE OF MONTANA:

Section 1. Section 10-901, R.C.M. 1947, is amended to read as follows:

"10-901. Declaration of policy. It is the policy of this state to provide for the protection of children whose health and welfare are adversely affected and further threatened by the conduct of those responsible for their care and protection. It is intended that the mandatory reporting of such cases by professional people and other community members to the appropriate authority will cause the protective services of the state to seek to prevent further abuses, protect and enhance the welfare of these children, and preserve family life wherever possible."

Section 2. Section 10-902, R.C.M. 1947, is amended to read as follows:

"10-902. Reports. Any physician who examines, attends or treats a person under the age of majority, or any nurse, teacher, social worker, attorney or law enforcement officer or any other person who has reason to believe that a child has had serious injury or injuries inflicted upon him or her as a result of abuse or neglect, or has been willfully neglected, shall report the matter promptly to the department of social and rehabilitation services, its local affiliate, and the county attorney of the county where the child resides. This report shall contain the names and addresses of the child and his or her parents or other persons responsible for his or her care; to the extent known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the maker of the report believes might be helpful in establishing the cause of the injuries or showing the willful neglect and the facts which led the person reporting to believe that the child has

suffered injury or injuries, or willful neglect, within the meaning of this act."

Section 3. Section 10-903, R.C.M. 1947, is amended to read as follows:

"10-903. Action on reporting. If from said report it shall appear that the child suffered such injury or injuries or willful neglect, the social worker shall conduct a thorough investigation into the home of the child involved and into the circumstances surrounding the injury of the child and into all other matters which, in the discretion of the social worker, shall be relevant and material to the investigation. If from the investigation it shall appear that the child suffered such injury or injuries or willful neglect, the department shall provide protective services to protect the child and preserve the family. The department will advise the county attorney of its investigation.

The investigating social worker shall also furnish a written report to the department of social and rehabilitation services who shall have the responsibility of maintaining a central registry on child abuse or willful neglect cases."

-End-

EXHIBIT A

Section 48-148 Applicants delinquent in support obligations. No license to marry shall be issued by any clerk of the district court if either of the applicants for a license is or has been failing to support lawful dependents when ordered to do so by a court having jurisdiction, unless a judge of a court of record after hearing shall determine that despite such failure said applicant is financially able to discharge the duty to support existing dependents and those resulting from the contemplated marriage and shall authorize the clerk to issue the license. The judge shall have authority to require that the applicant post sufficient security to insure the performance of the support obligation to existing dependents.

RIGHTS OF UNWED MOTHER TO HER CHILD

Section 61-108 (5837) Custody of illegitimate child. The mother of an illegitimate unmarried minor is entitled to its custody, services, and earnings.

History: En. Sec. 287, Civ. C. 1895, re-en Sec. 3745, Rev. C. 1907; re-en Sec. 5837, R.C.M. 1921. Cal. Civ. C. Sec. 200. Field Civ. C. Sec. 91.

CONFIDENTIALITY OF INFORMATION

Chapter 10-5882 Relation confidential. The relation of a guardian and ward is confidential, and is subject to the provisions of this code relative to trusts.

Section 71-204 The use or disclosure of information concerning applicants or recipients of public assistance for purposes not directly connected with the administration of such assistance, shall be unlawful, and shall constitute a misdemeanor. The state department of public welfare shall adopt all rules and regulations necessary to give effect to this provision.

Section 71-231.2 Misuse of public assistance information. Except as provided in this act, it shall be unlawful for any person, body, association, firm, corporation or other agency to solicit, disclose, receive, make use of, or to authorize, knowingly permit, participate in, or acquiesce in the use of, any list or names for commercial or political purposes of any nature, or for any purpose not directly connected with the administration of public assistance.

EXHIBIT B

REPORT OF THE FIFTH NATIONAL CONFERENCE OF THE AMERICAN ASSOCIATION OF
PUBLIC WELFARE ATTORNEYS, AMERICAN PUBLIC WELFARE ASSOCIATION

Brown Palace Hotel
Denver, Colorado
Oct. 29 - Nov. 1, 1972

Taken from the personal notes
of Thomas H. Mahan, Attorney
for the SRS Department

The next speaker was Frank A. Elzi, Assistant City Attorney, Denver Department of Welfare, 710 Delaware Street, Denver, Colorado, 80204. He told about the Colorado law which was enacted to encourage doctors to report abused children. The new law in Colorado has a comprehensive definition of abuse. It is mandatory to appoint a guardian ad litem to represent the child and it is almost mandatory in Colorado that the guardian ad litem in such a case, be a lawyer. The more people that are involved in such a hearing, the more difficult it is to get a plan that would be for the best interests of the child. Many times they end up with five lawyers at such hearings. One representing the state; one representing one parent; one representing another parent; one the child and one the grandparents. Another member of the panel on child abuse was Judge John Robert Evans, Chief Judge, Juvenile Court, City of Denver, 4th and Bannack Streets, Denver, Colorado. He stated that the trial of abuse cases was one of the most difficult in the law today. The privileged communication aspect does not apply in abuse cases in Colorado. Statistics show such cases to be on the rise. Anyone can request a jury trial in such a case, but, in the Judge's experience, only two persons have ever requested a jury trial. The Judge strives for wide latitude and still affording due process to all persons. He stated that the private bar has a lack of knowledge in this field of law.

John M. Bischoff, Chief Deputy Clerk, Family Division, D.C. Superior Court, 451 Indiana Avenue N.W., Room 207, Washington, D.C., 20001, spoke on the use of foster homes in the D.C. area. They have a facility which is now in use, but it has to be abandoned within one year. Of all of the child abuse cases, 3% in the D.C. area are referred from the Police, 64% are referred from the Division of Social and Rehabilitation Services and 3% from other sources. The abused children in 67% of the cases are age 0 to 6; 28% from age 6 to 12; and 15% from age 13 to 17. Of those abused, 39% are legitimate children and 61% are illegitimate children.

Seventy percent of these abused children are from homes with one parent and 30% are from homes with both parents. In a review of 894 cases in the D.C. area, 501 of the parents were convicted. The rate of rehabilitation was very low. Normally, it is hoped that the evidence of the social worker will be accepted as an expert witness. This is a civil action and the burden of proof is "a preponderance of the evidence" rather than "beyond a reasonable doubt." In some courts, caseworker records are admitted as a business record, but in other courts, it is practically impossible to get them admitted unless the caseworkers themselves testify and are able to be cross-examined. The putative father has no rights in Colorado and, therefore, receives no notice of the hearing.

COMMITTEE STATEMENT

Committee on Infant and Preschool Child
American Academy of Pediatrics

MALTREATMENT OF CHILDREN*

THE BATTERED CHILD SYNDROME

In February 1966, the Committee on Infant and Preschool Child published a statement concerning the status of the problem of the battered child.¹ The present Committee has reevaluated the statement in light of increased knowledge and increased experience over the past 6 years. The 1966 statement concerned itself primarily with two issues: (1) a historical review and definition of the battered child syndrome, and (2) discussion and recommendations concerning identification and protection of the abused child.

While a great deal of study and activity has taken place with regard to the problem of the battered child and there have been some positive results (e.g., every state in the union now has some form of reporting mechanism of the suspected or proven case of child abuse), the consensus of the Committee and its consultants is that the total problem has become magnified and is uncontrolled by present methods of management.

The Committee reaffirms and supports the following recommendations of the 1966 report:

1. Physicians should continue to be required to report suspected instances of child abuse immediately to the agency legally charged with the responsibility of investigating child abuse, preferably the county or state department of welfare or health

or its local representatives, or to the nearest law enforcement agency.^{2, 3}

2. The responsible agency must have ample personnel and resources to take action immediately on receipt of the report.⁴

3. Reported cases should be evaluated promptly, and appropriate service should be provided for the child and family.⁵

4. The child should be protected by the agency by continued hospitalization, supervision at home, or removal from home through family or juvenile court action.^{5, 6}

5. The designated state agency should keep a central register of all such cases, with free access by appropriate people. Provisions should be made for the removal of case records from the register when it is found that abuse, in fact, did not occur.⁷

6. The reporting physician or hospital should be granted immunity from suit.

We recognize that these recommendations, because of certain deficiencies in both content and implementation, have not gotten to the core of the problem and certainly have not influenced the overall incidence or even the overall prognosis of the battered child syndrome.^{8, 9} We continue to anticipate an incidence of approximately 260 suspected

cases of child abuse per million population in urban areas. New York City reported approximately 2,800 cases of suspected abuse in 1970, an incidence of 300 reports per million population.

Priorities must be established to allow for an expansion of the prevention, identification, and management aspects of the syndrome.

Specifically, the following five additional elements must be added to the recommendations of the 1966 report:

1. Valid predictive questionnaires or related techniques in identifying parents who have the potential to abuse should be obtained rather than relying on the after-the-fact presence of physical and/or x-ray findings in the abused child to institute legal or rehabilitative procedures.⁵

2. Crisis management programs with easy accessibility for families needing immediate relief from an acutely overwhelming situation need to be developed. The concept of such centers or programs needs to be flexible and must be adaptable to differing community resources and cultural patterns. These crisis-oriented centers could vary from child care facilities where parents may leave their child in time of crisis to those which provide personal guidance and supportive services directly or by telephone service where parents could call for temporary help.**

3. Child abuse diagnostic and/or treatment centers must be established in larger urban areas to provide centralization of resources, expertise, and commitment to the prevention,

* This statement has been reviewed and approved by the Council on Child Health of the Academy

There are a few crisis-type programs being developed throughout the country. Most of them provide only support through a telephone "hot line" and have not broadened into the flexible child and family centered programs that are to be encouraged. One such center is located at 2500 Nelson Ave., Redondo Beach, California.

EXHIBIT B

protection, and rehabilitation of the abused child and his family. Individual agencies and treatment facilities involved with the abused child and his family frequently function in isolation without central direction and coordination. The Committee recommends a comprehensive, community-wide approach and concerned participation with centralized staff involving all needed disciplines (social, legal, medical, judicial, psychological, nursing, religious, and others as required) working together in a common physical facility readily available to the community to be served. Depending on the resources of a given city, this center could be attached to a health care facility or to a child-protective service unit.[†]

4. Increased responsibility by physicians and hospitals must be encouraged. Current practice absolves the physician and/or hospital from follow-up responsibilities after a case is reported to an appropriate agency. It is strongly recommended that each hospital seeing 20 or more instances of child abuse per year have a trained team available to serve as consultants, as coordinators, and as a follow-up resource to see that all aspects of management and rehabilitation have been adequately taken care of.[‡]

5. Day care services should be utilized whenever appropriate or feasible for the infant and preschool child returned to their homes. The day care centers utilized should have close liaison with the community child abuse management center responsible for the rehabilitation of the family. Larger centers should develop

their own day care facilities as part of the comprehensive management and rehabilitation program.[§]

6. Lay therapists and aides from the community are needed to provide the families with support and counsel on an individual or group basis. The centralized management or treatment center as well as the primary agency involved in family rehabilitation should be responsible for recruitment and training of these personnel. The lay therapist or foster grandmother has been shown to provide the type of support needed by many of the mothers to make the home safe for the child's return.[§] New programs using the abusive parents themselves in self-help groups are now developing and show promise of being effective.[§]

Committee on Infant and Preschool Child

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Public Health Association)

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[†] Currently, several model community-hospital child abuse treatment centers are being developed, such as those at the University of Colorado Medical Center, Denver; Children's Memorial Hospital, Chicago; and Children's Hospital Medical Center, Boston.

[‡] A Therapeutic Day Care Center for abusive parents and their children is currently functioning in Boston. For information contact Miss Shirley Bean, Parent Center, Parent and Children's Services, 329 Longwood Avenue, Boston, Mass. 02115.

[§] A child abuse group therapy program is now functioning in Allentown, Pennsylvania, and a self-help mother's group called "Mothers Anonymous" has been developed in Laguna, California, and a parent aid program is underway at the University of Colorado Medical Center, Denver.

BILLINGS GAZETTE Tuesday June 26, 1973 p. 2-

Abusive parents no. 1 child killer

By FREDERICK M. WINSHIP

NEW YORK (UPI) — Child battering has reached epidemic proportions in the United States and is probably the most common cause of death among children, according to a report prepared Monday for the American Medical Association (AMA).

The report by Dr. Vincent J. Fontana, chairman of New York City's Task Force on Child Abuse, said there had been a 500 per cent increase in known cases of child abuse and neglect in the past decade.

He estimated that in 1973 physicians would deal with a minimum of 1.5 million cases of suspected child abuse, 50,000 childhood deaths would be attributed to maltreatment, and 300,000 children would be permanently injured physically or emotionally.

"These statistics strongly suggest that child battering is probably the most common cause of death in children today, outnumbering those caused by any of the infectious diseases, leukemia and automobile accidents," said Fontana.

"The magnitude of this unbelievable tragedy is not being appreciated—or accepted—by our society and the masses are unaware of its existence. This insidious epidemic of child abuse can only be stopped when people will allow it to be brought out in the open."

At a press conference in connection with the AMA's 122nd annual convention, Fontana urged doctors not only to report suspected cases of child abuse to authorities but also to initiate the necessary steps to prevent further maltreatment to the patient or other children in his family.

"A multidisciplinary network of protection needs to be developed in each community to implement the good intention of child abuse laws," Fontana said. "The great majority of our people have not recognized the rising incidence of child abuse in our society and the violent child-rearing pattern which is becoming more entrenched in our population. Child battering is a symptom of the violence running rampant in our society."

New York City keeps a registry of known child-abusing parents and legislation providing a statewide registry awaits the signature of Gov. Nelson A. Rockefeller. Other states may follow suit, and there is interest in law enforcement and medical circles in developing a nation-wide registry, according to Fontana.

The physician said most child-abusers are the products of homes where child abuse was practiced. Abuse is usually the act of one parent, while the other passively accepts it. The average age of the mother who batters her children is 28. The average of the father is 30.

BILLINGS GAZETTE Sunday Sept. 24, 1972 P. 21

'Loved ones' may be child's enemy

By TILLEN VAHREN
Chicago Daily News

CHICAGO — A picture of an infant flashed on the screen of the hospital conference room. The baby's mouth was barely distinguishable. His neck was a giant open wound.

This is child abuse. The injuries were caused by human bites.

"Children have been confined in rooms, basements and sheds and some have been buried alive," Dr. Rowine H. Brown told the physicians, nurses and social workers gathered for a seminar on child abuse at Chicago's Mercy Hospital.

THEY ARE BEATEN, slashed, burned with cigarettes, scalding water and acid, she said.

Dr. Brown, associate director of the pediatrics division of Cook County Hospital, gave the grim slide presentation to emphasize the wide range and severity of injuries that parents, in-laws and other "loved ones" inflict on their helpless youngsters.

Dr. Robert W. Ten Benschel, associate professor of pediatrics at the University of Minnesota, accompanied his slide presentation of bruised and battered children with a commentary.

"Parents are sometimes quite subtle as to

where they abuse their children," he said, as he showed pictures of youngsters with lacerated buttocks and ulcerated soles of their feet — areas usually covered by clothing.

"THIRTY TO 40 PER CENT of abused children will be left with mental retardation," he said. "Shaking a child vigorously at a very young age can result in brain damage and spinal cord injury," he said.

"We've spent more concentration on the welfare of animals than the care of children," he said.

All the experts agreed that solutions to preventing child abuse are uncertain and costly. They suggested:

- Research into the motivation and rehabilitation of child beaters.
- Questionnaires for pregnant women and their husbands to help spot potential child beaters before the abuse occurs.
- Training physicians and hospital staffs to distinguish between accidental injuries and child abuse.
- Training social workers to counsel abusers.
- Re-evaluating the rights of natural parents who abuse their youngsters.
- Insistence by the courts on a thorough investigation before a child is returned to his natural home.

BILLINGS GAZETTE Wednesday April 19, 1972

Girl, 2½, scalded; mother is held

A 2½-year-old Billings girl was in critical condition Tuesday night while her 24-year-old mother waited in jail for her condition to change.

Jennifer J. Jacobson, daughter of Mrs. Kathleen Jacobson, 3120½ 3rd Ave. S., was listed as critical Tuesday at St. Vincent's Hospital where she had been taken about noon Monday.

Hospital authorities said the girl had scald burns — first-, second- and third-degree — on at least 50 per cent of her body.

Mrs. Jacobson was arraigned late Tuesday before Justice of the Peace Winn Dowlin Jr. on charges of second-degree assault. She was returned to the county jail under \$5,000 bond.

She had been held in jail without bond from Monday afternoon until her 4:30 p.m. Tuesday court appearance. County Atty. Harold F. Hanser said that during this time the woman was first examined to determine mental competency before criminal charges were pressed.

Dept. County Atty. Ernest Boschert said he asked Dowlin to postpone the preliminary hearing date in District Court until May 3 so that child's condi-

tion can stabilize before further action is taken.

Police Chief Gerald T. Dunbar said hospital emergency room personnel called police about 12:30 p.m. Monday concerning the child and by 2:30 p.m. officers had taken Mrs. Jacobson into custody at her home.

Authorities said Mrs. Jacobson is divorced and the mother of three children. The other two — Justin 1½, and Jusette, 4 — were placed in the custody of the Billings Children Receiving Home until the case is settled.

Preliminary police reports said the girl had been held in "a scalding hot bath tub of water."

Child abuse not confined to poor

By CAROL SABOE
Gazette Staff Writer

"Most parents are filled with remorse," said a pediatrician attending a meeting on solving procedural methods for handling child abuse cases in Yellowstone County.

"Many parents seek help. They fear what is going to happen. They cry about how something must be done, or how they can't stand the child another minute.

"When they learn I am going to report, as required, that a child has been battered, they just go to another doctor the next time.

"THE PROBLEM is not just one of welfare recipients. It crosses all the strata of this community's society. Especially when you include emotional abuse."

From June to Dec. 7, 1972, Yellowstone County Welfare received 95 referrals for child abuse or neglect, according to a report written by Pete W. Surdock Jr., social services supervisor in the Billings office of State Rehabilitation Services.

These would be only reported cases. Private citizens, relatives, and those not in "Professional duty contact" with people involved in child abuse incidents are reluctant to report.

The law requires only doctors, nurses, preachers and social workers to inform authorities.

THE 95 CASES, says Surdock, ranged from a severe burning and a beating resulting in injury to cases of malnutrition and neglect. Children under 5 years made up 27.5 per cent of that caseload.

Nationally, 45 per cent of children in foster care are there because of abuse or neglect. In Yellowstone County, with 107 children during the same period in foster care, the percentage came to 73.9 per cent.

Most of the 95 referrals were made through either the sheriff's office or the Police Department. Yet, 33 per cent were made by private citizens. Hospitals reported 5 per cent, Surdock notes.

Of the children in foster care—20 per cent had unwed mothers who were giving the child up for adoption; 22 per cent were placed because of physical abuse; 32 per cent due to physical needs; 17 per cent because of parents with impaired mental health; 6 per cent due to parental alcohol or drug addiction; and 3 per cent because of parental cultural behavior patterns, or a parent acting as his mother or father did when he was a youngster.

On the average, a child is placed 2.5 times.

County Attorney Harold F. Hanser says he cannot solve the county's child abuse problems by working alone, even though "ultimately, under the law, all reports are made to me."

CRUELTY TO CHILDREN is a misde-

meanor, and he is ready to prosecute, but national statistics claim that 90 per cent of cases of abuse and neglect are resolved without court interference.

He is calling for "community involvement" and for "coordinating agency resources" so that not only the reported but unreported "suspected" cases can be helped.

"The problem is much like an iceberg, the more that is observed, the larger the unknown," Surdock claims, also calling for good



SABOE

laws, good social workers, effective treatment programs, and adequate community facilities to deal with parents, in his report.

The meeting in Marillac Hall last week of invited professionals began to iron out the mechanics of coping with the child abuse-neglect problem in Yellowstone County.

Serving on the team, and perhaps doing volunteer duty using individual expertise is asked of doctors, therapists, lawyers, law enforcement officials, social workers and agency representatives.

Centralized files and cross-indexing of reports will be needed. Although law enforcement and the county attorney will oversee the evaluations, they will act only if a crime has been determined.

THE REPORTS will be confidential. In the case of an individual reporting a child abuse incident, the name will be asked, but only as a source of more information if needed.

For now, the police will accept reports, as in the past. Welfare is represented on the panel of evaluators only because that agency has the legal power to obtain custody of the child—not because welfare recipients are more involved in the problem.

"Welfare is the child's protective agency," explained Hanser. "The team concept is his way of using the authority of the county attorney to the child's best advantage, he added.

Members of the evaluation board will revolve, so that no one pediatrician, social worker, or other "expert" is overly burdened with case work.

Hanser called for "faith" that mechanical details such as the individual team members' responsibility, authority, and involvement "can be worked out."

The faith, he says, comes because everyone wants to do what is best for the child, be it treatment, custody, or legal action.

Welfare is heartbreak

By CHRISTENE C. MEYERS
Gazette Staff Writer

Her neighbors don't know she's on welfare. If they did, she says, "they probably wouldn't be my friends."

Her five-year-old son, badly abused by her ex-husband, has gradually learned to stop flinching when someone approaches him.

And the 23-year-old college drop-out hopes to "get control" of her life soon, find a job, buy a car and get off welfare.

Mary (not her real name) considers herself fairly typical of the average welfare recipient.

NOT TYPICAL, Mary also has had first-hand experience with child abuse, a problem receiving increased attention in Billings.

She has two small children, —ages five and two—lives on the west side of town, dresses neatly and says her children are "the only things" she has.

She also has two years of college and still hopes some day to get into teaching—perhaps as a Head Start assistant or teacher aide.

"You know," she says, "not all welfare mothers are boozers who sleep with all kinds of men. But lots of people think they are. In fact, sometimes my neighbors talk about 'those welfare mothers' and how bad they are. I guess they don't suspect I'm one."

Mary ended up in Billings after a five-year marriage to a man nearly two years younger than herself. Though their marriage lasted five years, they were together only half that time.

"BUT IT TOOK the officials a long time to find him and serve the papers," she said. "We were separated for as long as we were married."

During their time together Mary worked—first in a bank and later in a telephone company. She had their first child in 1967. He was considerably premature and not very strong.

"When I brought him home, my ex-husband was terribly jealous of him," says Mary. "He didn't communicate with him and hit him on all parts of his body, especially his head. The two of us argued because I couldn't understand anyone hitting a two-year-old child. After a lot of rough scenes, I filed for divorce. I wish we could have communicated. I wish he wouldn't have been so immature."

Mary, who had miscarried twice after the birth of her first child, discovered she was pregnant again after the separation.

"I WAS MARRIED at 22," she says. "And that's pretty young. Still the miscarriages were hard on me and then I had to prepare for another baby."

Mary left the east and came to Billings. For a while she lived on the southside, then found westside housing and moved.

"I'd saved up a little money from my job back east," she says, "and we managed to get by for a time."

But then the money ran out, the second child was due, there were medical bills to pay and it was the middle of a very cold winter.

"I would say I'm fairly middle-class," says Mary. "but that doesn't mean I have money. I applied for ADC (aid to dependent children) and began getting my checks in spring of 1971."

The second child was born in the summer of 1971, also premature.

The oldest child was excited, says Mary, but very protective. And he was a violent child, who kicked and hit his mother.

"HE CONSIDERED the baby his son and had taken on a kind of fatherly role," she says. "And he's still very protective of me."

Since she went on welfare over two years ago, Mary has had therapy sessions and tests at the Mental Hygiene Clinic.

"I realized that my oldest child was hyper-active and that he had a speech problem," she says. "So I got him into Head Start. But I also realized that I was spanking him—hitting him and yelling at him for doing little things. It didn't do any good but I did it anyway."

Mary joined the city's welfare rights organizations for a time, but dropped out eventually.

"Between my sessions with my case worker and the psychologist," she says, "and the full-time job of raising two children, I had plenty to do."

She also found a reliable baby-sitter for a reasonable price and began to look in on her son's Head Start sessions, leaving the youngest at home.

Teachers say the older child has improved tremendously during the year. He has gone from the level of a 1.5-year-old child (which he was when he was three-and-one-half) to a nearly up-to-par Head Starter.

"And I've stopped rationalizing all my mistakes," says Mary. "I realized that abuse wasn't always a physical thing and I'm much calmer now. I don't get so angry with my oldest. I don't hit him like I used to."

Since the divorce, Mary's ex-husband has sent the children presents from his home in the east.

"BUT MY YOUNGEST has never seen him and the oldest doesn't ever ask about him," she says. Mary speculates—as do her son's Head Start teachers—that the five-year-old child hasn't forgotten his father. Until recently, he cowered, flinched and buried his head in his hands whenever anyone approached him. He also had a series of middle-ear infections and wasn't learning the vocabulary.

But since Mary's therapy, her son's Head Start classes and the time she now sets aside to spend with him each day, the young boy is coming out of his fearfulness and Mary is becoming more confident as a mother.

"I feel better and better about myself," she says. "I think I'm progressing with my children. I've stopped beating on the older boy and I spend time with each of the children now. They are all I have and I give them my love and attention."

Mary says she had trouble finding a "decent place" to live. With her \$108 welfare check she says there "isn't much left for luxuries," after rent, utilities and food stamps are paid for.

"I seldom see a movie or go for a beer," she says. "And it was five years before I got away—without one of the children. That was during a spring Head Start awareness conference and Mary says her mental health has steadily improved since then.

"I DON'T LIKE being on welfare," she says. "I am a first generation recipient. But what can I do? I've got to wait things out right now but as soon as the youngest is ready for nursery school or day-care center, I'll see about work, a car and getting off welfare."

Mary says she's not anxious to remarry.

"I made that mistake once," she says. "My ex-husband used me and he used our first child. He tried to make himself seem masculine by showing us off, but that was the only time he paid us any attention."

Mary doesn't date, but has made friends with several other Head Start mothers.

"I haven't thought much about even trying marriage again," she says. "I was by myself when I tried it before. I've got the two children now. I've got to be very careful."

Billings Gazette April 20, 1973

Clear patterns emerge in child abuse cases

By CHRISTENE C. MEYERS
Gazette Staff Writer

What causes a mother to give her child an enema with boiling water?

What makes a woman throw her 21-day-old baby against a wall, breaking bones and bruising the child?

What causes a Sunday school teacher to beat her own daughter when she gets home from church?

What possesses a father, just home from work, to club his 14-year-old boy with a metal vacuum cleaner attachment?

A crisis situation, a pattern and a child are the three necessary elements for child abuse, according to Dr. Carl Pollack, professor of psychiatry from the University of Colorado Medical Center in Denver.

SPEAKING TO more than 150 physicians, nurses, social workers, pediatricians, lawyers and teachers, Pollack described the syndrome of the beaten or battered child.

He is one of three guest speakers at a Child Abuse Seminar at Eastern Montana College. The workshop will continue through Wednesday afternoon.

"The child abuse cases that hit the paper," he said, "are less than two per cent of the cases." They are the extremes, he said, and usually involve psychotic parents.

"But two per cent or less of the child abusers are actually psychotic," he said.

Pollack described the three factors leading to child abuse:

—THE CRISIS. The parent has a need for something, and when that need is not gratified, he turns to the child. Especially in times of crisis—a death in the family or even something as seemingly insignificant as an iron that does not work—the parent expects the child to be the comforter.

—THE PATTERN. Child abusers traditionally have a history of isolationism—either literal or figurative. They are unable to reach out to neighbors, mates, friends, and with the appearance of a crisis they take out their frustrations on what is available, namely the child.

—THE CHILD. Usually the child abuser turns to the child when other sources of solace or support have failed. "When the mother blows her other sources, she looks to the child for support," Pollack said. The child abuser expects the child to act as an organized human being capable of enriching the parent's life, he said.

"Sometimes the child abuser identifies the child as part of his or her own rebellious self," he said.

All child abusers, he said, tend to expect from the child what was expected from them as children.

"**AFTER THE** abuse," he said, "some collapse, some reach out, some put the kid away in another room and some go crazy." Some are contrite after the initial burst of violence, he said, and others forget they have abused the child.

"But all are usually terrified of being called a bad parent," he said.

While the healthy parent wants the child to develop into an independent being, the child abuser sees the child from a different vantage point.

Fathers who are child abusers often beat the child when it fails to care and comfort the mother, he said.

"**HERE AGAIN,**" he said, "the father is expecting an adult set of responses from the child. He is expecting the child to become parent to the mother during his absence."

Pollack said it was not true that women are the worst child abuser, but that women take care of the children more often in many societies and, therefore, deal more with their emotions.

"But in a black ghetto, with working mothers and fathers who stay home, the men will be the child abusers," he said.

Many child abusers, he said, see an undesirable character trait of themselves buried within the child.

Pollack said he was not against disciplining children.

"Sometimes they need to be restrained, or even swatted," he said. "But the child abuser goes beyond that."

Billings Gazette 5-3-1973 Child welfare push is asked

HELENA (AP) — Gov. Thomas L. Judge asked the state's congressional delegation and the nation's 49 other governors Wednesday to push for substantially greater federal funding for child welfare services.

Judge called for more than four-fold increases in present federal spending, claiming a continuation of current funding will result in insufficient programs.

He also called for a more generous distribution of federal funds, with the federal government picking up 80 per cent of the cost of child service programs rather than the current 50 per cent.

The governor said the President's proposed budget for such programs in the current fiscal year and in fiscal year 1974 is \$46 million, a \$1 million annual increase.

He proposes federal spending for child welfare services be increased to \$196 million for fiscal year 1973, with increases to \$211 million, \$226 million, \$248 million and \$266 million in successive years.

Babies in demand; highest prices paid

By MICHAEL SATCHELL
(C) Washington Star-News

WASHINGTON—Two months ago, a New York husband called a private adoption agency in St. Petersburg, Fla., and offered director Wes Jenkins \$25,000 if he would supply a healthy, white infant.

Jenkins, explaining that the agency did not place babies out of state, turned him down.

"He said that he and his wife had been unable to adopt a baby in New York," Jenkins related.

"He said money was no object and he would be willing to make a \$25,000 donation to our agency or give me the money in cash—no questions asked."

LAST WEEK, a Miami Beach attorney named Walter Leibowitz was acquitted on a charge of selling a week-old infant girl for \$7,000 to a childless New Jersey couple. The charge was part of a seven-count baby-selling indictment filed against him by the Miami state attorney's office.

Leibowitz, who acknowledged in a telephone interview that he had "placed" between 40 and 45 babies, denied that he "sold" them.

"I charge high legal fees," he said.

The D.C. Corporation Counsel's office will soon review allegations in a case where a baby was spirited away from a District hospital an hour before representatives of a D.C. adoption agency came to pick up the child for placement.

"WE'RE SURE the girl was approached by the obstetrician and a lawyer at the last minute," an agency representative said.

"We're sure a lot of money changed hands. And we can't

find out where the baby went."

After a lull of more than a decade, the black marketing of babies appears to be flourishing again, concerned welfare agency officials nationwide report.

As the supply of healthy white infants available for adoption has dwindled rapidly over the past two years—by 50 per cent according to one estimate—couples seeking children are turning to private channels paying high fees for their babies.

The shortage, researchers say, has been caused by abortion, the pill and a more tolerant attitude toward illegitimacy that has led to many more unmarried mothers keeping their babies.

ONE POSITIVE outgrowth of the shortage in healthy white babies has been the growing trend to adopt babies from racial minorities and those with physical afflictions, the formerly "unadoptable" children.

Often called the "gray market" for the legal twilight zone in which it functions, the baby trade, says Joseph Reid, director of the Child Welfare League of America, is estimated to involve more than 4,000 infants this year with perhaps \$20 million going into the pockets of the baby brokers, mostly lawyers.

"It's a crisis situation," said Bert Edwards, president of the District's Barker Foundation, which has seen its annual adoption placements drop from 70 infants three years ago to nine this year.

"THE GRAY MARKET is increasing tremendously. We are seeing otherwise well meaning, well educated, logical people resorting to unbelievable measures to obtain children."

Like any black market, the baby trade is a secretive, sometimes sleazy business.

Investigators and agency officials contacted around the country tell of infants being sold to pay off bad debts, of a baby broker attorney telling a client to cancel a debt by "finding me a girl who's single and knocked up," of babies purchased by couples hoping to cement failing marriages, of unscrupulous attorneys selling infants to alcoholics, mentally unstable couples, even sex offenders.

And in a small rural county of Nevada, according to one official, there have been reports of cases of prostitutes in the legalized brothels deliberately becoming pregnant in order to sell their offspring for profit.

CERTAIN TYPES of babies—particularly white males under six weeks and Jewish infants of any sex—command premium prices, the Star-News survey indicated. Reid, whose Child Welfare League is the national accrediting organization for private adoption agencies around the country, estimated the average price of a black market baby at around \$10,000 but stressed that brokers will charge whatever the market will bear.

The buyers for the most part are childless couples who will provide good homes, who are frustrated in their efforts to adopt through established agencies, and who are willing to swallow the indignity of purchasing a child.

THE SUPPLIERS, more likely than not, are girls from the lower end of the social spectrum, those too poor to afford abortions, those uneducated in the readily available forms of birth control, slum dwellers, girls from broken families, dope addicts, or prostitutes.

BILLINGS GAZETTE Wednesday June 27, 1973

More can report child-abuse cases

HELENA (AP) — New legislation effective Sunday is expected to result in more effective reporting of child-abuse cases, says the chief of the child welfare bureau of Montana's Social and Rehabilitation Services.

Joseph Roe said an amendment ratified by the 1973 legislature to the child-abuse law on the books "will provide broader ways and means of reporting child-abuse and neglect."

The measure becomes effective July 1 along with a number of other pieces of legislation.

Under the new legislation, said Roe, persons allowed to make a report include an attending physician, nurse, teacher, social worker, attorney, law enforcement officer or "any other person who has reason to believe a child has had serious injury inflicted upon him as the result of abuse or neglect."

Under the law without the amendment, only persons in certain professions are allowed to report child-abuse cases. However, said Roe, all reports are investigated no matter the source.

He said the new amendment would allow officials at different levels of government to investigate.

Roe said the identity of the person reporting mistreatment of a child would remain confidential. "The information revealed will be used only for the purpose of protecting the child and preserving the family," he said.

He said welfare officials are not being informed of child-abuse in many cases. "Hopefully, the new amendment will open the way to providing protection for our children, especially in the areas of malnutrition and sexual abuse," said Roe.

Child sellers

FROM PAGE 1

finance companies.

A tape-recorded statement Flynn allegedly made to Bolinbrook police after his arrest March 20 was played in court, despite the vigorous objections of Defense Attorney Bernard Brody.

In the tape, Flynn told police that if Miller and Rita Jackie accepted one another, "matrimony was in mind."

FLYNN SAID the first meeting between Miller and his daughter took place at a zoo, with later meetings at museums and forest preserves. Flynn said they were never out of his sight, although he could not overhear all their conversations.

"She liked him," Flynn told police. "She thought he was very nice. She was agreeable to everything."

Later in the tape, Flynn told police, "I was so deep in debt... I took the easy way out."

Judge Pistilli in his final comments said Rita Jackie had been strongly persuaded by her bother to go along with the plan. She was told she would have a new home, a wonderful life and would "have a puppy and go to Disney World," according to Pistilli.

"She is in no way conceived to have the capacity to consent (to marriage) in Illinois or any other state of the union," Pistilli said.

RITA JACKIE and her half-brother, Michael, 13, and her half-sister, Michelle, 10, will be permanently placed in a new home at a later hearing.

Miller and the Flynns are scheduled for arraignment Wednesday on charges of conspiracy to commit child abandonment.

Billings Gazette April 25, 1973

Judge calls child-sellers 'depraved—perverted'

By DENNIS SODOMKA
(C) Chicago Daily News

CHICAGO — Fred and Rita Flynn sat holding hands in Will County Circuit Court, looking progressively more shocked as Judge Angelo F. Pistilli told them they were "depraved" and "perverted."

The Bolingbrook (Ill.) couple, accused of selling their 12-year-old daughter, Rita Jackie to an Oak Park (Ill.) millionaire, had been described in early testimony as "swingers" and "wife swappers."

Monday night in the Joliet (Ill.) courtroom, Pistilli ruled that Fred Flynn, 43, and his 33-year-old wife, were unfit to be parents. He made Rita Jackie, the girl who allegedly was sold and the Flynn's two other children, wards of the court.

"The only motivational influence was the benefits that would

accrue to the parents... they sold the child's hopes and future down the river for gold," Pistilli said.

"THERE IS CONTEMPT for this child because there is a lack of respect for the child's potential. There is a perverted sense of what is right in putting a child in this kind of condition.

"This was nothing other than selling out your own child for money," Pistilli told the Flynns.

When he announced they would lose custody of all three children, Mrs. Flynn silently rested her face in her hands. Five minutes later, outside the courtroom, she collapsed and was helped from the building by her husband.

Harold Miller, accused of paying the Flynns nearly \$28,000 for their daughter, had been subpoenaed to testify, but refused to give more than his name and

address. He cited his constitutional right to avoid self-incrimination.

Miller, 37, was dressed in a conservative dark suit, white shirt and narrow maroon bow tie.

HE WAS ARRESTED in Asheville, N. C., where he had checked into a motel with Rita Jackie. They did not get married.

According to testimony, Miller paid the Flynns with five municipal bonds worth \$5,000 each. The accrued interest amounted to nearly \$3,000.

Within about a week, it was brought out, Flynn had written checks totaling more than \$13,000. Among the payments revealed in court were \$2,700 for a new Dodge, \$492 to Playboy Clubs International and \$1,800 to

(Continued on Page 2)

Help for Child Beaters

Steve Samuels was enraged. His illegitimate 18-month-old son, Michael, had just torn a pop-art psychedelic poster that decorated Samuels's North Side Chicago apartment. The father seized Michael, banged him by the wrists with electrical cord and then methodically beat the baby against the wall for nearly 30 minutes. Michael's mother finally got the infant to a hospital: he died minutes later of multiple fractures and bruises. Michael's father was 18, his mother 17.

Baby Michael's case does not stand alone in its ghastliness. Every week, all across the nation, hundreds of other small children are beaten, slashed, garrotted, scalded, shot, burned with cigarette stubs, tortured with electric shocks, sometimes even set afire with gasoline; many are scarred or maimed for life. And some, like Michael Samuels, die.

new therapies designed to treat not just the abused children but also the parents who beat or harmed them in the first place. "The '60s gave us an insight into what went on, and why, in child abuse," declares Dr. Ray E. Helfer of Michigan State University's College of Human Medicine. "Now we are applying that insight to treating some of the basic causes." And while no single form of treatment has proved a panacea, ever increasing numbers of battered and mistreated children are now being allowed to return, quite safely, to their homes and families.

The key to the new therapies is a profile of the child-battering parents that shows them not as criminals but rather as people desperately in need of medical help. "These are young people who were never given good parentage themselves," says James Walsh of the Illinois Department of Children and Family Services.

they will be abused themselves, attacked and charged with being 'bad' parents."

For this reason, the aim of much of the new therapy is to reassure the parents and gradually convince them of their worth. "We have to rescue the family, not only the child," says John Hagenbach of the Massachusetts Department of Family and Children Services. "The parents are always isolated and feel they have no one to talk to. We counsel them and try to bring back the child into a household that will be able to demonstrate its love for the child as a child, and not the surrogate adult whom the parent might have imagined and against whom the parent might have struck out."

Patience: One novel approach has been developed at the University of Colorado Medical Center over the past three years. It involves the use of "parent aides"—lay assistants with stable upbringings ranging in age from 21 to 60, who can exercise a kind of empathy toward the parents of battered children. Their function is basically to act as guar-



Stop the horror: Advice to parents; child burned by mother

Child beating has long been one of the standard horrors of hospital emergency rooms, but now the crime is on the increase in many areas; and while the experts agree that those guilty of it span all racial and economic groups, they think that two new factors in particular are contributing to the rise. These are drug-addicted parents and those who marry while still scarcely more than children themselves.

Tip: Though the increase is much worse in some areas than others, New York City represents by far the worst case in the nation. There, 7,000 cases of child beating were reported last year, and medical experts estimate that one child is killed every week by drug-addicted parents. But the statistics, in New York and elsewhere, represent only the tip of the iceberg, chiefly because so many cases of child abuse go unreported.

Fortunately, ongoing research aimed at curbing the crime of child battering seems now to be showing signs of promise; these stem from the application of

"They grew up in a hostile environment and were abused themselves." The result of this upbringing is often parents who hold themselves in low esteem and continually seek assurance from those around them—including their children. "They want children to be parents to them in a kind of role reversal," explains Walsh. And when the children fail to satisfy their emotional needs, the parents react with the same violence they experienced as children.

Another common characteristic of the child batterers is a deep suspicion of authority. To avoid investigation of their acts, they take their children to a different doctor or hospital after each episode of abuse; and when questioned about the cause of the injuries they invent barely credible stories—suggesting, for example, that a child sustained multiple fractures by falling from a sofa. "No matter how the parents appear or present themselves," explains Helen Alexander of the University of Colorado Medical Center, "their expectations are that

dians for these parents; they visit the families often, pay little attention to the children, but listen with interest to the problems of the parents. "Flexibility, patience and compassion, a willingness to listen and be nondirective and noncritical are the basic requirements for a successful parent aide," write Helfer and Dr. C. Henry Kempe of the University of Colorado Medical Center in their latest book, "Helping the Battered Child and His Family." "The qualities are those of a mild and loving individual who is not easily upset by an ungateful, suspicious and often unwilling client."

Another successful approach is the self-help organization modeled on Alcoholics Anonymous. The original organization of this type—Mothers Anonymous—was started in Los Angeles two years ago. Its co-founder, 30-year-old Mrs. Jolly Kajaka, had a childhood history of 100 foster homes, 32 institutions, rape at 11 and a career in prostitution behind her by the time she became a parent. Soon she found herself beating "the little slut

BILLINGS GAZETTE

County learns to deal with child neglect cases

By CAROL SABOE
Gazette Staff Writer

Yellowstone County's child abuse problem—battered back and forth the past two years between those who treat, those who take custody, and those who prosecute—is beginning to come under a "SOP" or "standard operating procedure."

Every Thursday morning beginning this week, a panel of selected professionals is to evaluate reported cases of battered babies or neglected children; then recommend action by social services, agencies or courts.

Weekly meetings will assure continual follow-up of individual cases, as well as spot potential criminal cases and families in need of help, says County Attorney Harold F. Hanser.

He both "asked" and "ordered" child abuse problem solving of the more than 50 people attending a meeting Wednesday night in Marillac Hall. Attending were doctors, hospital workers, law enforcement officers, social workers, agency and organization representatives both in and out of government.

No dissenting voice had earlier been heard when he asked if all were in agreement with his "team concept" of controlling the county's child abuse and neglect problem.

"Those who volunteer profes-

sionally in faith that wide community support will work. I ask nicely. Those the law designates with responsibility, I order," said Hanser.

The county attorney, under Montana law, is given broad discretion to use county department services to investigate child abuse and neglect. The law also gives immunity to any person reporting a case. Other provisions empower the Welfare Department or sheriff to "custody and control" when a child is endangered.

OVER A YEAR AGO the same group of "interested persons" set objectives: establish a reporting system; set up a team evaluation concept; identify supporting agencies and services; then to develop plans involving Laurel and Worden, as procedures are worked out.

Currently, telephoning the Billings Police Department is the reporting system, "which is less than satisfactory," Hanser says. "The police have an adequate record system, but contacting a law enforcement agency causes fears for the most solid of citizens."

Most at the meeting opted for a hospital-based reporting, record keeping, evaluation meetings, educational efforts and other details.

The choice of Billings' hospitals boiled down to St. Vincent's, but administrator Charles Kaczmarek, present at the meeting, has to seek board approval, and asked pertinent questions on funding.

The hospital's medical social worker, Doris Olson, and Hanser, called the meeting and led discussions.

Make-up of the team of professionals to evaluate individual cases was decided, with discussions "why" each specific skill is needed. The team's responsibility, whether they will be called a "board" and other details are yet to be worked out, but weekly breakfast meetings at St. Vincent's were scheduled.

MEETING WILL BE—any pediatrician interested, with Nick R. Yenke volunteering to attend, and to see that some pediatrician is in attendance at further meetings; A psychiatrist, with Mona Sumner to contact the Mental Health Center to supply one; A social worker, with John Laitinen to designate one from the Welfare Department; Law enforcement officers, one from the Police Department and one from the Sheriff's Department; hospital social worker Olson, Hanser; and or an administrative assistant Hanser will designate.

EXHIBIT C

CASE RECORDING OUTLINE

The information gathered in the investigation by the worker needs to be recorded clearly, orderly, and succinctly, thus avoiding repetition as much as possible. In every protective service complaint (adult or child) there should be a CA 110 form as fully completed as possible. As an aid to providing supplemental and supportive dictation in case records involving protective services, particularly the reporting of initial contacts, the following format's suggestions are recommended (use CA 430 as face sheet). The outline can be used as a general guide for ongoing dictation, although it is understood there is no need to repeat information already recorded. Thus the service worker should use only those parts that are appropriate.

- I. Heading: Case name (legal parent/s); social security numbers of parents; date and time of home visit; also list the name, occupation, agency connection of the person who accompanied you if appropriate (name of policeman, sheriff, etc.)
- II. Reason for Contact/s
- III. General Scenario:
 - A. Briefly describe neighborhood, i.e. tenement district; slum area; low-rent housing area; high income housing, etc.
 - B. Briefly describe the home or apartment the family is residing in, i.e. specific address and/or apartment number; general condition of the home such as paint peeling, broken windows, dirty, clean, well organized, number of rooms and type, and general furnishings, etc.
- IV. Family Composition:
 - A. Parents:
 - 1) age, brief physical description
 - 2) summary of the personality traits the worker observed (should include explicit example of the behavior fitting the behavior described or the descriptive term/s used; i.e. nervous- Mr. M twisted his ring throughout the interview; angry- Mrs. M shouted answers at me while she shook her clenched fist at me; passive; ambivalent; poor communication with spouse; appeared aware or unaware of the child climbing all over her during the interview; husband/wife dominated the discussion; etc.
 - 3) special emphasize should be placed on recording what was said by the parents in response to the complaint, i.e. "Who was the ___ that made this complaint because I want to tell him myself he is crazy."

EXHIBIT C

- 4) Therefore, this should be a summary of the psycho-social dynamics of the parent/s and environment; and of the verbal and nonverbal communication that the social worker observed during the visit.
- B. Children:
- 1) age, brief description (include bruises, etc. observed on the child)
 - 2) summary of the personality traits the worker observed (should be explicit examples of the behavior observed or the descriptive terms used (refer to item IV A, 2 above). Special notice should be given to the child's relationship to or with his parents, siblings, such as "Janie hid behind her mother's dress during my interview" or "Billy clutched his mother's arm throughout the interview," or "Suzie played comfortably in the living room during my visit."
- V. Problem:
- A. What crisis if any currently exist in the family such as father being unemployed, illness, death, etc., that appears to have been the cause or precipitating factor that led to the abuse or neglect of the child.
 - B. Summary of the situation: validity of the complaint - what are facts; resources needed to keep family together or to intervene to prevent further abuse; to make placement of the child - where, by whom, why placed, etc..
 - C. Plans discussed with parents: This will generally be limited to the plan that another worker will be assigned to work with the family or not assigned (for intake service worker). This will include a discussion of the agency's role in this situation as a helping agency which tries to help families solve their problems and prevent further abuse and separation of the child/ren from the home. Referrals made to other agencies in the community would also be included.
- VI. Witnesses:
- A. Name, address, relationship, occupation, address, phone, etc.
 - B. Information relevant to complaint (include any "axes" to grind that the witness may have against the family).
 - C. Additional references who have pertinent information.
- VII. Recommendation:
- A. needs on-going services from agency, type;
 - B. does not need on-going services (why) but complaint valid;
 - C. not valid complaint (why) - no services needed.
 - D. A future follow-up visit may be needed and recommended.
- VIII. Closing line: Date of dictation and worker name and title

**Dictation should be done day of visit if possible or as soon thereafter as possible.

***Workers may find the taking of notes helpful during the interview, however, the worker needs to be aware of effects this has on client.

EXHIBIT D

SOCIAL AND REHABILITATIVE SERVICES
_____ COUNTY
DEPARTMENT OF PUBLIC WELFARE

Date _____

To:

Dear

I would like to take this opportunity to extend our agency's sincere appreciation for your interest and concern in the situation of the _____.

As the social worker assigned to this case, I wish to assure you that our agency is following up on your referral. If you have further information you would like to share with our agency or if you have questions, please feel free to contact me at this phone number _____ or at my office located

Sincerely yours,

_____, Social Worker

EXHIBIT E

STATE OF MONTANA
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
County Department of Public Welfare

RELEASE OF INFORMATION

Date: _____

I hereby authorize _____ of _____
(Name of person) (Name of Agency)

_____ of _____,
(Number/Street Address) (City)

_____, _____; and/or any member(s) of the staff thereof to
(State) (Zip Code)

furnish any and all information from the records of: _____
(First, Middle, Last Name)

_____, _____,
(Address) (City)

_____ to: _____ of
(State) (Name, Agency, or Institution)

_____, _____,
(Street Address/P.O. Box) (City) (State)

I understand this information may include the observations, test results, and/or the diagnosis, recommendations, and/or treatment recommended or received from the agency or the staff thereof. I further acknowledge that I understand the statements contained in this document and that my signature below confirms my having received a copy of this release as my personal copy.

I further understand that this information will be treated as CONFIDENTIAL.

WITNESSED BY:

(Signature)

(Relationship to Client (or Client))

(Address)

_____ (City) _____ (State)

cc: original to addressee
client
agency

EXHIBIT F

CHILD ABUSE & NEGLECT
CENTRAL INDEX

ORIGINAL TO CENTRAL INDEX
COPY RETAIN

NAME		DATE & TIME OF REPORT
B·D	SEX: M F	DATE & TIME OF OFFENSE
PARENTS		REFERRAL AGENCY & NO.
ADDRESS & PHONE		ALIASES

Brief Description of Situation:

DATE	COMMENTS	FOR CENTRAL FILE USE ONLY

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